

CDBG HOUSING REHABILITATION PROGRAM
NOTICE OF VOLUNTARY PARTICIPATION

I, _____, do hereby acknowledge that I VOLUNTARILY request to be included in the Groveland CDBG Housing Rehabilitation Program. I acknowledge that such inclusion will require me to provide personal data, such as income information, and by signing I acknowledge that the release of this information constitutes my waiver of the Privacy Act. I understand that said information will be treated as confidentially as the CDBG Program permits.

I further acknowledge that I am responsible to follow the program rules listed below:

1. The purpose of the program is to place my residence in a condition equal to minimum housing standards. I consent to attainment of this standard and will not demand assistance greater than that which is approved by the City of Groveland and regulated by the CDBG program.
2. I understand that the contract for assistance is prepared between the contractor and me as an administrative matter, but that the City of Groveland as the funding agency reserves the right of decision making. While I have the right to provide my view, I will not dispute the final decision made by the City of Groveland or its agent.
3. I understand that I am subject to immediate program disqualification, with existing financial responsibility for the incurred costs, if I:
 - a. Provide any inaccurate or untruthful information,
 - b. Fail to comply with existing guidelines,
 - c. Perform any action to receive more assistance than I am entitled.
4. I hereby authorize the City of Groveland's agent to inspect my property.

I recognize that this assistance is provided as good will of the local government and that my participation binds me to the rules and regulations of the program and to the maintenance of the property after rehabilitation. I understand that my participation may affect my ability to qualify for housing assistance in the future.

I agree to all the terms in this document.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

Witness Name (Print)

Witness Signature

Date

CDBG HOUSING REHABILITATION PROGRAM
APPLICATION INSTRUCTIONS

Please read this page carefully. Please provide the most accurate information possible, and ensure all requested documents are attached at the time of application submittal.

1. **Complete and Sign** the following forms:

Notice of Voluntary Participation Form
Application for Assistance Forms
Conflict of Interest Form
Disability Certification
Third-Party Verification of Employment Income
Third-Party Verification of Asset Income
Third-Party Verification of Social Security Benefits
Third-Party Verification of Unemployment Benefits
Third-Party Verification of Regular Cash Contributions
Third-Party Verification of Income from Business
Authorization for the Release of Information Waiver

2. **Provide Income Documentation:** If any member of the household is receiving employment income, please complete the applicant portion and have the member's employer complete the employer portion of the form titled "Third-Party Verification of Employment Income." In addition, please provide copies of current pay stubs (Dated no more than 60 days prior to Application Deadline) for four (4) consecutive weeks for all applicable members of the household.

If any member of the household is receiving income from Social Security benefits, please complete the applicant portion of the form titled "Third Party Verification of Social Security Benefits." In addition, please provide a copy of the current statement of benefits. If you're unable to locate a copy of this statement, a copy can be requested by contacting the Social Security Administration at 1-800-772-1213. If any member of the household receives any other government benefit such as food stamps, child support, AFDC or any other income, please provide documentation of this income from the providing agency.

If any member of the household over eighteen (18) receives income from any other source (i.e., business, rental, alimony, child support, etc.), please provide documentation for this income also.

3. **Provide Asset Documentation:** Please provide a copy of current statements for all assets that could generate income (i.e., Checking/Savings Accounts, IRA's, 401K's, Stocks, Bonds, etc.)
4. **Provide Homeownership Documentation:** If the applicant owns the home (without any loans, liens or mortgages), provide a copy of the deed that is in the applicant's name. If the home is mortgaged, provide a copy of the most recent mortgage statement stating that the mortgage is current as well as a copy of the deed. If the home listed in the application is a mobile or manufactured home, provide a copy of the Certificate of Title.
5. **Provide Property Tax Documentation:** Please provide a copy of the most recent Property Tax Statement showing current on all property taxes for the home.
6. **Provide Picture I.D.:** Please provide a copy of a Picture I.D. for all household members.
7. **Provide Disability Certification:** If any member of the household has a disability, please complete the applicant portion and have the member's physician complete the physician portion of the form titled "Disability Certification." The enclosed form must be completed by the member's physician and included in the application. Please note, documentation of a disability does not guarantee inclusion for CDBG Housing Rehabilitation assistance.

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

Applicant: _____ Co-Applicant: _____

Street Address: _____ Mailing Address: _____

Daytime Ph. #: _____ Evening Ph. #: _____

A. Household Composition (Please list every member of the household)

#	Name	Age	Sex	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

B. Disability Status (Please list every disabled member of the household. For each member claiming disability status, please provide a completed "Disability Certification" form.)

#	Name	Description of Disability
1.		
2.		

C. Household Income (Please list all sources of income from all members of the household)

Source of Income	Applicant			Co-Applicant			Other Member		
Employment Income	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Social Security Benefits	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Suppl. Security Income	\$			\$					
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Net Income from a Business	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Unemployment Income	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Alimony/Child Support	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Asset Income	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Other:	\$			\$			\$		
<i>Frequency of Income</i>	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
*** APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY ***									
TOTAL TABLE B				Annual HH Income:					

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE**

D. Household Assets (Please list all assets held by all members of the household)

Asset Description	Financial Institution Name & Address	Account # (If Applicable)	***For Official Use Only***
			Asset Value
Checking Account			
Savings Account			
COD/Treasury Bill			
Retirement Account			
Annuities			
Stocks & Bonds			
Other (Real Estate, etc.)			
APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY			
TOTAL TABLE D:		Annual HH Income:	

E. Housing Structure/Property Information (Please check/complete all that apply)

- The housing structure identified in the application is a:
☐ Manufactured/Mobile ☐ Block/CMU ☐ Brick ☐ Wood Frame ☐ Other: _____
- The housing structure identified in the application was constructed in what year? _____
- Is there a mortgage on the housing structure/property identified in the application? ☐ Yes ☐ No
- If yes, are the mortgage payments current? ☐ Yes ☐ No
- Are the property taxes current for the housing structure/property identified in the application? ☐ Yes ☐ No

F. Miscellaneous Information

- Has the applicant/co-applicant received Housing Rehabilitation Assistance from the City of Groveland or Lake County within the last ten (10) years? ☐ Yes ☐ No
- If yes, please provide details pertaining to the assistance provided. (What program? When? What repairs? Etc.)

- Does any member of the household have a business or familial relationship with any Groveland employee, Citizens' Advisory Task Force (CATF) member or City elected official? ☐ Yes ☐ No
- If yes, please disclose the name(s) & position(s) of all that apply:

CDBG HOUSING REHABILITATION PROGRAM
APPLICATION FOR ASSISTANCE

G. Applicant Certification

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the applicant/co-applicant's knowledge and belief.

Applicant Name (Print)

Applicant Signature

Date of Application

Co-Applicant Name (Print)

Co-Applicant Signature

Date of Application

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

I. Application Scoring Summary

Household Size: _____

☐ Disabled HH

☐ Elderly (62+) HH

HH Income: _____

☐ VLI ☐ Low ☐ Mod

Ranking Score: _____

Notes: _____

H. Jordan & Associates Certification

By signing below, the **Jordan & Associates (J&A)** Representative certifies that he/she has examined this application for assistance as described herein, using the guidelines established in the Groveland Housing Assistance Plan (HAP). Based on the eligibility criteria outlined in the City's HAP, the application ☐ **DOES** or ☐ **DOES NOT** meet the requirements for eligibility for the Groveland CDBG Housing Rehabilitation Program.

J&A Representative Name (Print)

J&A Representative Signature

Date of Review

CDBG HOUSING REHABILITATION PROGRAM
CONFLICT OF INTEREST WAIVER

Please be advised, all applicants that may have a business or familial relationship with a member of the local governing body or a member of the Citizen's Advisory Task Force (CATF) must fully disclose this relationship at the time of the application to be considered for assistance. This should be disclosed at the point in time in which the conflict occurs and definitely before a construction contract is executed. Failure to disclose any potential conflict of interest could possibly result in dismissal from the Groveland CDBG Housing Rehabilitation Program.

Please review the following lists for potential conflicts and indicate any relationship to any of the City officials/CATF Members listed below. Additionally, please list any relationships to City employees:

City Elected Officials	CATF Members
Tim Loucks, Mayor	Rose Radzik
James Smith, Vice-Mayor	Dina Sweat
Richard Smith	Mary Padgett
Evelyn Wilson	Willie Dykes
John Griffin	Christie Higdon

Please check/complete all that apply

- ☐ I/We have reviewed the list and certify that I/we DO NOT have a business or familial relationship to any of the above-mentioned Groveland officials or any City employees.
- ☐ I/We have reviewed the list and certify that I/we DO have a business or familial relationship to the following Groveland officials or any City employees:

Name of Groveland officials/employee:

Relationship to Applicant/Co-Applicant/HH Member:

By signing below, the **Applicant**, and **Co-Applicant** if applicable, certifies that the information provided on this Conflict of Interest Waiver is true and complete to the best of the applicant/co-applicant's knowledge and belief.

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
DISABILITY CERTIFICATION**

Please check/complete all that apply

- ☐ I/We certify that I/we DO NOT have a disability.
- ☐ I/We certify that I/we DO have a disability. I/We authorize the release of medical information necessary to complete this form. I/We understand that this form must be returned with the application.

Name of Physician

Physician's Phone Number

Applicant Name (Print)

Applicant Signature

Date

Co-Applicant Name (Print)

Co-Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

PHYSICIAN CERTIFICATION OF DISABILITY

- ☐ The patient has a **permanent** disability, which has the following mobility restrictions:

- ☐ The applicant has a **permanent** disability, which **does not** have a mobility restriction.

- ☐ The application **does not** have a **permanent** disability.

By signing below, I certify as the patient's physician that the information provided on this Disability Certification is true and complete to the best of my knowledge and belief.

Physician Name (Print)

Physician Signature

Date

**CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF EMPLOYMENT INCOME**

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive employment income & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Groveland CDBG Housing Rehabilitation Program.

Name of Employer

Employer's Phone Number

- ☐ I DO NOT receive employment income (Unemployed).

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

EMPLOYER CERTIFICATION OF EMPLOYMENT INCOME

State and Federal Regulations require us to verify income information for the employee that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Employee	Employee Gross Rate of Pay	Paid Hourly	Paid Weekly	Paid Bi- Weekly	Paid Annually
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Employment Income for Employee:				\$	

By signing below, I certify as a representative of the applicant's employer that the information provided on this Third Party Verification of Employment Income form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF ASSET INCOME**

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO own at least one of the below-mentioned asset accounts & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Groveland CDBG Housing Rehabilitation Program.

Name of Financial Institution(s)

Phone Number for Financial Institution(s)

- ☐ I DO NOT own any of the below mentioned asset accounts and, therefore, do not receive asset income.

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

FINANCIAL INSTITUTION CERTIFICATION OF ASSET INCOME

State and Federal Regulations require us to verify income information for the account-holder that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Type of Asset Account	Financial Institution	Account #	Income Generated Over the Past 12 Months
<input type="checkbox"/> Savings			\$
<input type="checkbox"/> Checking			\$
<input type="checkbox"/> Cert. of Deposit			\$
<input type="checkbox"/> Retirement Acct			\$
<input type="checkbox"/> Other:			\$
<input type="checkbox"/> Other:			\$
<input type="checkbox"/> Other:			\$
Gross Annual Asset Income for Account-Holder:			\$

By signing below, I certify as a representative of the applicant's financial institution that the information provided on this Third Party Verification of Asset Income form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive Social Security Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Groveland CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive Social Security Benefits.

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

SOCIAL SECURITY ADMINISTRATION CERTIFICATION OF SOCIAL SECURITY BENEFITS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Last 4 of Social Security Number	Date of Birth

Type of Benefit	Deduction for Medicare?	Amount of Deduction	Gross Benefit Amount
<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security Survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Social Security SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Gross Annual Social Security Benefit for Beneficiary:			\$

By signing below, I certify as a representative of the Social Security Administration that the information provided on this Third Party Verification of Social Security Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive Unemployment Benefits & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Groveland CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive Unemployment Benefits.

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

AGENCY FOR WORKFORCE INNOVATION CERTIFICATION OF UNEMPLOYMENT BENEFITS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Beneficiary	Beneficiary Gross Weekly Benefit Amount	Benefit Start Date	Benefit End Date
	\$		
Gross Annual Unemployment Income for Beneficiary:			\$

By signing below, I certify as a representative of the State of FL Agency for Workforce Innovation that the information provided on this Third Party Verification of Unemployment Benefits form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS
(Rental Income, Regular Family Assistance, Regular Payment of Bills, Alimony, etc.)

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

- ☐ I DO receive regular monetary support from someone outside of my household & hereby authorize the release of all requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with the release of information requested for the sole purpose of determining eligibility for the Groveland CDBG Housing Rehabilitation Program.
- ☐ I DO NOT receive regular monetary support from someone outside of my household.

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

CONTRIBUTING PARTY CERTIFICATION OF REGULAR MONETARY SUPPORT

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Name of Recipient	Type of Regular Monetary Support	Paid Weekly	Paid Bi-Weekly	Paid Monthly	Paid Annually
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Monetary Support Total:				\$	

By signing below, I certify as a Contributing Party that the information provided on this Third Party Verification of Regular Cash Contributions form is true and complete to the best of my knowledge and belief.

Certifying Official Name (Print)

Certifying Official Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

CDBG HOUSING REHABILITATION PROGRAM
THIRD PARTY VERIFICATION OF INCOME FROM BUSINESS

Please make copies of this form as needed to have completed for each member of the household over 18.

Please check/complete all that apply

☐ I DO own a business that I receive income (profit OR loss) from.*

*Attach a copy of the 2013 Tax Documents showing the Net Profit OR Loss generated from the business.

☐ I DO NOT own a business that I receive income (profit OR loss) from.

Applicant Name (Print)

Applicant Signature

Date

*****APPLICANT: DO NOT WRITE BELOW THIS LINE. FOR OFFICIAL USE ONLY*****

JORDAN & ASSOCIATES CERTIFICATION OF INCOME FROM BUSINESS

State and Federal Regulations require us to verify income information for the beneficiary that has provided authorization above in order to determine their eligibility for the Groveland CDBG Housing Rehabilitation Program. Your cooperation in providing the requested information below is most appreciated.

Based off of the provided 2013 Tax Documents, the following reflects the Applicant's Net Income (Profit OR Loss) from a Business:

Name of Business: _____ Net Profit OR Loss: \$ _____

By signing below, I certify as a **Jordan & Associates (J&A)** Representative, that the information provided on this Third Party Verification of Income from a Business form is true and complete to the best of my knowledge and belief.

J&A Representative Name (Print)

J&A Representative Signature

Date

WARNING: Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a felony of the third degree, punishable by fines and imprisonment provided under Statutes 775.082, 775.083 or 775.084.

**CDBG HOUSING REHABILITATION PROGRAM
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Please make copies of this form as needed to have completed for each member of the household over 18.

I, _____, the undersigned hereby authorize the release, without liability, of information regarding my employment, income and/or assets to **Jordan & Associates**, in order to determine eligibility for the Groveland CDBG Housing Rehabilitation Program. I understand that only information necessary for determining eligibility can be requested.

Type of Information to be verified

I understand that previous or current information regarding me may be verified. Verifications that may be requested are, but not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificates of deposit, Individual Retirement Accounts, interest, dividend; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income from the operation of business, and alimony or child support payments.

Organizations/individuals that may be requested to provide written/oral verifications are, but not limited to:

Past/Present Employers
Banks, Financial or Retirement Institution
State Unemployment Agency
Welfare Agencies
Other: _____

Alimony/Child Support Providers
Social Security Administration
Veteran's Administration
Florida State Retirement System

Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

Applicant Name (Print)

Applicant Signature

Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately.

**CDBG HOUSING REHABILITATION PROGRAM
APPLICATION DOCUMENTATION CHECKLIST**

1. Application Documents

- ☐ Notice of Voluntary Participation
- ☐ Application for Assistance
- ☐ Conflict of Interest Waiver
- ☐ Disability Certification
- ☐ Third Party Verification of Employment Income
- ☐ Third Party Verification of Asset Income
- ☐ Third Party Verification of Social Security Benefits
- ☐ Third Party Verification of Unemployment Benefits
- ☐ Third Party Verification of Regular Cash Contributions
- ☐ Third Party Verification of Income from Business
- ☐ Authorization for the Release of Information

2. Additional Income Documentation

- ☐ If receiving Employment Income: In addition to completing the Third Party Verification of Employment Income, please provide copies of Pay Stubs (Dated no more than 60 days prior to the Application Deadline) for four (4) consecutive weeks for all applicable members of the household.
- ☐ If receiving Asset Income: In addition to completing the Third Party Verification of Asset Income, please provide copies of recent Asset Account Statements (Dated no more than 60 days prior to the Application Deadline).
- ☐ If receiving Social Security Benefits: In addition to completing the Third Party Verification of Social Security Benefits, please provide copies of a current statement of benefits.
- ☐ If receiving Unemployment Benefits: In addition to completing the Third Party Verification of Unemployment Benefits, please provide copies of a current statement of benefits.
- ☐ If receiving Regular Cash Contributions: In addition to completing the Third Party Verification of Regular Cash Contributions, please provide a signed statement from the contributing party detailing the amount and regularity of the income.
- ☐ If receiving Income from a Business: In addition to completing the Third Party Verification of Income from a Business, please provide copies of the 2013 Tax Documents showing the Net Profit OR Loss generated from the business.

3. Homeownership Documentation

- ☐ If the Applicant Owns the Home (without any loans, liens or mortgages): Please provide a copy of the deed that is in the applicant's name.
- ☐ If the Applicant has a Mortgage on the Home: Please provide a copy of the most recent mortgage statement, stating that the mortgage is current as well as a copy of the deed.

4. Property Tax Documentation

- ☐ Please provide a copy of the most recent Property Tax Statement showing current on all property taxes for the home.

5. Picture IDs

- ☐ Please provide a copy of a Picture I.D. for all household members.

Should you have any questions or concerns regarding the completion of this application, please do not hesitate to contact the office of Jordan & Associates.